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FACSIMILE TRANSMITTAL

TO:**FROM:****Name:** Mail Stop AMENDMENT
Group Art Unit 3731/Examiner Michael Thaler**Name:** Amedeo F. Ferraro**Firm:** U.S. Patent & Trademark Office**Phone No.:** 310-286-9800**Fax No.:** 571-273-8300**No. of Pages (including this):** 16**Subject:** U.S. Patent Application No. 10/765,341**Date:** September 28, 2005

Gary Karlin Michelson

Filed: January 27, 2004

SURGICAL RONGEUR HAVING A REMOVABLE
STORGE MEMBER (as amended)**Confirmation Copy to Follow:** NO


Attorney Docket No. 101.0036-02000

Customer No. 22882

Confirmation No.: 1065

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate) and Amendment with Exhibit A are being facsimile transmitted to the U.S. Patent and Trademark Office on September 28, 2005.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0036-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson

Serial No.: 10/765,341

Filed: January 27, 2004

For: SURGICAL RONGEUR HAVING A
REMOVABLE STORAGE MEMBER (as
amended)

Confirmation No.: 1066

Art Unit: 3731

Examiner: Michael Thaler

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated June 29, 2005 in the above-identified application.

☒ No additional fee is required.☐ Applicant hereby requests a ***month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	20	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$190		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ The total amount of \$____ to cover the *** three-month extension of time fee is to be charged to Deposit Account No. 50-1066.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
MARTIN & FERRARO, LLP

Date: September 28, 2005

By: 

Amedeo F. Ferraro

Registration No. 37,129

1557 Lake O'Pines Street, NE
Hartsville, Ohio 44632
Telephone: (330) 877-0700
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SEP 28 2005

FORM PTO-1063

Attorney Docket No.: 101.0036-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson

Serial No.: 10765,341

Filed: January 27, 2004

For: SURGICAL RONGEUR HAVING A
REMOVABLE STORAGE MEMBER (as
amended)

Confirmation No.: 1065

Art Unit: 3731

Examiner: Michael Thaler

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

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☒ No additional fee is required.☐ Applicant hereby requests a ***month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM & ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	20	0	LG=\$350 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$160		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ The total amount of \$_____ to cover the *** three-month extension of time fee is to be charged to Deposit Account No. 50-1066.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
MARTIN & FERRARO, LLP

Date: September 28, 2005

By: 

Amadeo F. Ferraro

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PATENT
Attorney Docket No. 101.0036-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Confirmation No.: 1065
Gary Karlin Michelson)	
Serial No.: 10/765,341)	Group Art Unit: 3731
Filed: January 27, 2004)	Examiner: Michael Thaler
For: SURGICAL RONGEUR HAVING A)	
REMOVABLE STORAGE MEMBER))	
(as amended))	

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In reply to the Office Action dated June 29, 2005, please amend the application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks begin on page 5 of this paper.

Amendment 9-28-05.doc